STATE FLAN UNDER TITLE NIX OF THE SOCIAL SECURITY ACT STATE COMMONWEALTH OF PENNSYLVANIA OBSTETRICAL PRACTITIONER SERVICES

Maternity Care and Delivery

Procedure Code	Procedure Description	MA FEE	1992-93 Average Amount Paid
Incision			
59000	Amniocentesis, any method	50.00	49.96
59012	Cordocentesis (intrauterine), any method	50.00	50.00
59015	Chorionic villus sampling, any method	35.00	59.00
59020	Fetal contraction stress test	30.50	30.87
59025	Fetal non-stress test	17.50	17.53
59030	Fetal scalp blood sampling	-	-
59050	Initiation and/or supervision or internal fetal monitoring during labor by consultant with report (separate procedure)	-	-
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	409.50	340.00
Excision			
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	439.50	337.82
59121	tubal or ovarian, without salpingectomy and/or oophorectomy	511.00	328.19
59130	abdominal pregnancy	409.50	301.23
59135	interstitial, uterine pregnancy requiring total hysterectomy	473.50	473.50
59136	interstitial, uterine pregnancy with partial resection of uterus	473.50	94.70
59140	cervical, with evacuation	265.00	190.81
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	409.50	333.19
59151	with salpingectomy and/or oophorectomy	511.00	400.45
59160 Introduction	Curettage, postpartum (separate procedure)	160.00	271.90
59200	Insertion of cervical dilator	-	-
Repair			
59300	Episiotomy or vaginal repair, by other than attending physician	148.00	136.00
59320	Cerclage or cervix, during pregnancy; vaginal	193.00	266.25
59325	abdominal	193.00	129.50
59350	Hysterorrhaphy of reptured uterus	448.00	246.19
- = Noncovered			

IN # 94-06 Supersedes CC1612 K 1.1994 Effective Date <u>July 17 1994</u> IN # 93-22 Approval Date

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE COMMONWEALTH OF PENNSYLVANIA OBSTETRICAL PRACTITIONER SERVICES

Maternity Care and Delivery

Procedure Code Procedure Description	MA FEE	1992-93 Average Amount Paid
Delivery, Antepartum and Postpartum Care		
foutine obstetric care including antepartum care, Vaginal delivery (with or without episiotomy, and/or rorceps) and postpartum care	-	-
59410 Vaginal delivery only (with or without episiotomy and/or forceps) including postpartum care	800.00	791.53
59412 External cephalic version, with or without tocolysis	~	-
59414 Delivery of placenta (separate procedure)	126.00	84.45
Postpartum care only (separate procedure)	~	-
Cesarean Delivery		
59510 Routine obstetric care including antepartum care, cesarean delivery, and postpartum care	-	- 1
59515 Cesarean delivery only including postpartum	800.00	791.60
59525 Subtotal or total hysterectomy after cesarean delivery	307.50	133.25
Abortion		
59812 Treatment of spontaneous abortion, any trimester, completed surgically	181.50	181.50
59820 Treatment of missed abortion, completed surgically; first trimester	194.00	194.00
59821 Second trimester	231.00	231.00
59830 Treatment of septic abortion, completed surgically	173.00	173.00
59840 Induced abortion, by dilation and curettage	81.50	136.78
59841 Induced abortion, by dilation and evacuation	306.00	300.26
59850 Induced abortion, by one or more intra- amniotic injections	246.00	-
59851 With dilation and curettage and/or evacuation	246.00	-
59852 With hysterotomy (failed intra-amniotic injection)	246.00	-

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Approval Date NOV 0 3 1994 Effective Date July 1, 1994

DIATE PLAN INDER 117.E NEW FEITHE JOCIAL JECTRITY ACT JIATE COMMONWEALTH OF FENNSYLVANIA PEDIATRIC PRACTITIONER SERVICES

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			1992-93 Average Amount
Procedure Code	Procedure Description	MA FEE	<u>Paid</u>
Office or Outp	patient or Other Ampulatory Facility (Visit)		
New Patient			
99201	Physicians typically spend 10 minutes	20.00	19.97
99202	Physicians typically spend 20 minutes	20.00	20.00
99203	Physicians typically spend 30 minutes	20.00	19.88
99204	Physicians typically spend 45 minutes	20.00	20.00
99205	Physicians typically spend 60 minutes	30.00	29.82
	l per recipient, per provider, per lifetime		
Established F	atient		
99211	Typically 5 minutes are spent supervising or performing these services	20.00	19.45
99212	Physicians typically spend 10 minutes	20.00	19.94
99213	Physicians typically spend 15 minutes	20.00	20.00
99214	Physicians typically spend 25 minutes	20.00	19.99
99215	Physicians typically spend 40 minutes	20.00	19.98
Office of Othe	r Outpatient Consultations		
New or Establ	ished Patient		
99241	Physicians typically spend 15 minutes	30.00	29.26
99242	Physicians typically spend 30 minutes	30.00	29.52
99243	Physicians typically spend 40 minutes	30.00	29.98
99244	Physicians typically spend 60 minutes	49.00	48.80
99245	Physicians typically spend 80 minutes	49.00	49.11
Confirmatory C	onsultations		
	ished Patient		
99271	Usually the presenting problem(s) are self limited or minor	30.00	30.42
99272	Usually the presenting problem(s) are of low severity	30.00	30.40
99273	Usually the presenting problem(s) are of moderate severity	30.00	30.00
99274	Usually the presenting problem(s) are of moderate to high severity	30.00	48.63
99275	Usually the presenting problem(s) are of moderate to high severity	49.00	49.00
Home Services	•		
New Patient			
99341	Usually the presenting problem(s) are of low severity	21.00 26.00 (OE	21.00
99342	Usually the presenting problem(s) are of moderate severity	21.00 26.00 (OB	21.00

Payment rate is the same for General Practitioners, Family Practitioners and pediatricians.

Pennsylvania reimbursement system is fee-tor-service. The tees listed on Supplement II, Artachment 4.19B, represent the average payment regardless of Metropolitan Statistical Area (MSA) or similar area on any other deographical designation.

^{% # 94-06} Supersedes NOV 15 # 93-42 Approval Date

DIATE PLAN ENDER LITTLE NIX OF THE SOCIAL SECURITY ACT STATE COMMONWEALTH OF PENNSYLVANIA PEDIATRIC PRACTITIONER SERVICES

Procedure Code	Procedure Description Usually the presenting problem(s) are of high	MA FEE 21.00	1992-93 Average Amount Paid 21.00
	severity	26.00 (OB)	
Established F	Patient		
99351	Usually the parient is stable, recovering	21.00	20.98
	or improving	26.00 (OB)	
99352	Usually the patient is responding inadequately	21.00	21.00
	to therapy or has developed a minor complication	26.00 (OB)	
99353	Usually the patient is unstable or has developed a significant complication or a significant new problem	21.00	21.00
Case Managemen	t Services		
Team Conferen			
99361	Approximately 30 minutes	_	_
99362	Approximately 60 minutes	-	~
Telephone Cal	İs		
99371	Simple or brief	_	_
99372	Intermediate	_	_
99373	Complex or lengthy	-	~
Preventive Med	icine Services		
New Patient			
99391	Initial evaluation and management of a healthy	20.00	20.00
	<pre>individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures; new patient; infant (age under 1 year)</pre>		
99392	Early childhood (age 1 through 4 years)	20.00	20.00
99393	Late childhood (age 5 through 11 years)	20.00	20.00
99394	Adolescent (age 12 through 17 years)	20.00	20.00
	or Risk Factor Reduction Intervention ished Patient		
Preventive Me	dicine, Individual Counseling		
99401	Counseling and/or risk factor reduction	-	-
	intervention(s) provided to a healthy		
	individual; approximately 15 minutes		
Case managemen	t as defined under Section 1905(a)(19) is a covered		

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N # 94-06 Supersedes TN # 93-22 Approval Date

NOV 0 3 1994

service for individuals under 21 years of age.

Effective Date duly 1, 1994

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	Discourage flores intion	MA FEE	: *42-43 Average Amount Paid
rocedure tode	Procedure Description	HA ILL	- raifa
99402	approximately 30 minutes	_	_
99403	approximately 45 minutes	_	_
99404	approximately 60 minutes	-	-
Preventive Me	dicine, Group Counseling		
99411	Counseling and/or risk factor reducation	-	-
	intervention(s) provided to healthy		
	individuais in a group setting;		
	approximately 30 minutes		
99412	Approximately 60 minutes	-	-
Other Prevent	ive Medicine Services		
99420	Administration and interpretation of health	-	-
	risk assessment instrument (e.g., health		
	hazard appraisal)		
99429	Unlisted preventive medicine service	-	-
Newborn Care			
99432	Normal newborn care in other than hospital	-	_
,,,102	or birthing room setting, including physical		
	examination of baby and conference(s) with		
	parent(s)		
Immunizations			
90701	Immunization, active; diphtheria and tetanus	5.00	5.00
20101	toxoids and pertussis vaccine (DTP)	3.00	3.00
90702	diphtheria and tetanus toxoids (DT)	5.00	4.94
90703	tetanus toxoid	5.00	4.99
90704	mumps virus vaccine, live	5.00	5.00
90705	measles virus vaccine, live	5.00	5.00
90706	rebella virus vaccine, live	5.00	5.00
90707	measles, mumps and rubella virus vaccine,	5.00	5.00
30101	live	3.00	7.00
90708	measies and rubella virus vaccine, live	5.00	5.00
90709	rubella and mumps virus vaccine, live	5.00	5.00
90712	poliovirus vaccine, live, oral (any type(s))	5.00	5.00
90713	poliomyelitis vaccine	5.00	5.00
90714	typhoid vaccine	5.00	5.00
90717	yellow fever vaccine	5.00	2.50
90718	tetanus and diphtheria toxoids absorbed	5.00	4.93
90719	diphtheria toxoid	5.00	4.99
90724	intluenza virus vaccine	5.00	4.99
90725	cholera vaccine	5.00	5.00
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Supersedes
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Effective Date July 1, 1994

STATE PLAN UNDER TITLE AIX OF THE SOCIAL SECURITY ACT STATE COMMONWEALTH OF PENNSYLVANIA PEDIATRIC PRACTITIONER SERVICES

Procedure Code	Procedure Description	MA FEE	1992-93 Average Amount Paid
90727	plaque vaccine	5.00	5.00
90728	BGC vaccine	5.00	5.00
90731	hepatitis B vaccine	5.00	5.00
90732	pneumococcal vaccine, polyvalent	5.00	5.00
90733	meningococcal polysaccharide vaccine (any group(s))	5.00	5.00
90737	hemophilus influenza B	5.00	5.00
90741	Immunization, passive; immune serum globulin, human (ISG)	5.00	5.00
90742	Specific hyperimmune serum globulin (eg, hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster)	5.00	4.99

Supplement 11 Attachment 4.19B

Maximum Medicald Fayment Rates for Listed Practitioner Obstetrical Services

	Listed Practitioner Obstetrical Services		
			, 992-93
			Average
			Amount
ocedure Code	Procedure Description	MA Fee	Paid
LALTHY BEGINN	INGS PLUS PROGRAM		
W 5950	Healthy Beginnings Plus Intake Package	\$175.0	
W5951	First Trimester Basic Maternity Care Package	\$76.0	
W5952	Second Frimester Basic Maternity Care Package	\$138.0	
W 5953	Third Trimester Basic Maternity Care Package	\$961.0	
₩5957	Comprehensive Childbirth preparation	\$60.0	0 57.57
	(OR)		
W 5958	Childbirth Preparation Review	\$20.0	
W5954	First Trimester High Risk Maternity Care Package	\$114.00	
W5955	Second Trimester High Risk Maternity Care Package		
W5956	Third Trimester High Risk Maternity Care Package	\$1,151.00	
w5968	Outreach Visit	\$45.00	
W5974	Home Assessment/Client Education	\$69.00	84.43
W5966	Obstetrical Home Care	\$120.00	118.75
W5960	Prenatal Home Nursing Care	\$69.00	75.97
W5961	Outreach Bonus for First Trimester Recruitment	\$100.00	99.93
W5972	Home Health Aide Care	\$45.00	44.82
W5971	Homemaker Service (Prior approval required)	\$40.00	PA 96.81
W5970	Psychosocial Counseling	\$15.00	29.65
W5962	Nutrition Counseling	\$15.00	21.38
W5963	Smoking (Tobacco) Cessation Counseling	\$15.00	15.58
W5964	Substance Abuse Problem Identification and		
	Referral Counseling	\$25.00	\$ 30.10
W5965	Genetic Risk Assessment, Information and		
	Referral Counseling	\$60.00	60.32
W5967	Parenting Program	\$30.00	29.89
W5973	Prenatal Exercise Series	\$65.00	60.89
W 5969	Urgent Transportation Only (car)	.22 mile	. 28
W5981	Urgent Transportation Only (public carrier)	*	3.96
W59 8 2	Mileage, Additional Allowance for Home Visits	.10 mile	1.34
W5975	First Trimester, Basic Maternity Care, Visit	\$23.00	24.73
W5976	First Trimester, High Risk Maternity Care, Visit	\$23.00	24.65
₩5977	Second Trimester, Basic Maternity Care, Visit	\$23.00	24.69
W5978	Second Trimester, High Risk Maternity Care, Visit	\$23.00	24.8 3
W5979	Third Trimester, Basic Maternity Care, Visit	\$23.00	24.78
W5980	Third Trimester, High Risk Maternity Care, Visit	\$23.00	24.73
W5983	Basic Third Trimester Package - delivery not		
	performed by designated HBP provider	\$175.00	457.00
W5984	High Risk Third Trimester Package - delivery not		
· · · · · · ·	performed by designated HBP provider	\$250.00	524.93
W5985	Second Trimester Delivery - delivery not performe		
-		\$1130.00	1,351.26
	• ,		

^{*} Payment is the actual cost of public transportation which can be by bus, subway or tax1; therefore, the fee is dependent upon the type of transit service.

vc = noncovered

4 94-00

Effective Date <u>July 1, 1994</u>

1992-93

<u>Maximum Medicald Payment Rates for</u> Listed Practitioner Pediatric Services

RLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) VISITS

			Average Amount
ocedure Code	Procedure Description	1axımum Payment 2/1/92	Pald
W0085	EPSDT - Screen, Birth through 18 months - 8 visi		64.83
W0086	EPSDT - Screen, 19 months to 21 years of age - 8	8 visits \$65.00	64.71
	Note: Children 14 years of age to 21 years of a have had 16 screens (any combination of procedure woods) and woods) may have a maximum four (4) additional visits of any combinate procedure codes woods woods.	ocedure of	
W0090	EPSDT - Screen - Physician	\$65.00	
W0091	EPSDT - Screen - Independent clinic	\$65.00	
W0092	EPSDT - Screen - Basic Hospital clinic	\$65.00	
W0093	EPSDT - Screen - Hospital Outpatient clinic (Enrollment approval required)	\$65.00	
W0094	EPSDT - Screen - Rural Health Clinic	*	49.17
E MANAGEMENT			
W0052	Case Management - $(1 \text{ unit} = 15 \text{ minutes})$	\$ 7.50/u	nit -

^{*} Rural Health Clinics are paid at the rate established by Medicare and are provider specific.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE COMMONWEALTH OF PENNSYLVANIA

Adequacy of Access

Obstetrical Standards

A. Practitioner Participation

Refer to the attached list of general practice physicians' and obstetricians/gynecologists' participation for 1992.

At this time, there are no participating obstetricians in Perry County. Recipients have access to care from obstetricians in neighboring counties, Cumberland and Dauphin.

Pediatric Standards

A. Practitioner Participation

Refer to the attached list of general practice physicians' and pediatricians' participation for 1992.

Obstetrical/Pediatric Standards

A. Other obstetrical and pediatric providers and practitioner participation

Refer to the attached list of independent medical clinics, Federally Qualified Health Centers, Rural Health Clinics, Healthy Beginnings Plus providers, midwives and certified registered nurse practitioners. In addition, enrolled hospital outpatient clinics provide obstetrical/pediatric services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: COMMONWEALTH OF PENNSYLVANIA

No.			TOTAL	IOTAL				
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